



**VERIFICATION FORM FOR PHYSICALLY DISABLED PERSONS
RE: DOOR-TO-CURB REFUSE COLLECTION SERVICES**

RESIDENT'S STATEMENT

(To be completed by Resident requesting service)

NAME: _____

ADDRESS: _____

In accordance with the following physician's verification, I am physically unable to transport my household refuse to the curb for collection. I further verify that there is no able-bodied person residing or working at my residence who is capable of transporting my refuse to the curb for collection.

RESIDENT'S SIGNATURE _____ PHONE #: _____ DATE: _____

PHYSICIAN'S STATEMENT

(To be completed by Attending Physician)

It is my professional opinion that _____ is physically unable to transport his/her household refuse to the curb for collection.

_____ It is my professional opinion that his/her disability is permanent.

_____ It is my professional opinion that his/her disability is temporary.

The temporary disability is anticipated to end _____.

PHYSICIAN'S SIGNATURE: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE ID#: _____

This verification is valid until such time as re-verification may be required by the City of Novi's Field Operations Senior Manager.

UPON RECEIPT OF THIS VERIFICATION FORM, YOU WILL BE CONTACTED BY THE PUBLIC SERVICES DEPARTMENT.

If you have any questions, please call (248) 735-5640. Return the form to Public Services Department, Field Operations Division, 26300 Lee BeGole Drive, Novi, MI 48375 or fax to (248) 735-5659.